



Ohio Senate Community Revitalization Committee

Proponent Testimony on Sub SB105

Deanna Vietze, Executive Director
Brown County Board of Mental Health and Addiction Services
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Chairman Landis, Vice-Chair Chavez, Ranking Member Sykes, and members of the Senate Community Revitalization Committee thank you for this opportunity to submit testimony in support of Substitute SB 105. My name is Deanna Vietze, and I am the Executive Director of the Brown County Board of Mental Health and Addiction Services as well as a member of the Executive Council of the Ohio Association of County Behavioral Health Authorities.

I want to start by expressing our gratitude to Senator Johnson and Ranking Member Sykes, the bill sponsors, for working with us and introducing this important piece of legislation. Senator Johnson serves my district, and he has been a tremendous advocate for ADAMH Boards and supporting our role in our communities.

On behalf of the members of the Ohio Association of County Behavioral Health Authorities, I am here to express our support for SB 105. Our membership sees many positive and necessary changes to Ohio Revised Code 340, the authorizing statute for ADAMH Boards, in this bill. I am going to take a few minutes to highlight the need for these changes. You will hear from others today about why these changes are so important as we collectively work to ensure that Ohioans are able to access effective, efficient, and recovery-oriented mental health and substance use disorder treatment and supports in their communities.

One of Ohio's greatest strengths is the philosophy that we are a home rule state. Local citizens know best what their local communities need. In regard to mental health and substance use disorder services and recovery supports, local Alcohol, Drug Addiction, and Mental Health Boards are statutorily empowered to plan, develop, fund, administer and evaluate the local system of mental health and addiction services and supports. In order to do this in the best way possible, it is time to make some changes to the ADAMH Boards statutory operating authority, ORC 340.

Local ADAMHS Boards do not provide direct services, we plan for, develop, fund, administer, and contract for these services. In order to adequately assess, plan, and contract for the local needs of the local citizens, we need to be able to have access to real-time data on behavioral health services, including Medicaid. We need to know what services are occurring, where we are seeing increased demand, where there are gaps, and what the evolving needs are in local communities. We also need to have the ability to contract for services in a way that is flexible, accountable, and provides for an agreed upon due process for early termination of a contract.

Boards are uniquely positioned to rapidly identify changing community needs, respond to crisis situations, and serve as a catalyst for change, but to do so we need Chapter 340 updated to reflect today's realities in regard to data and contracting, and we believe that the changes to ORC 340 as proposed in Sub SB 105 will do just that.

As ADAMH Boards plan for, develop, fund, administer, and contract for services, we work with local individuals in recovery, family members, and other community partners to respond to local needs.

In the last several years we have seen where not having access to good data, not having timely information about who is coming into communities to deliver services, and not having the ability to be more flexible in our contracting process has made it even more difficult for Boards to respond to community needs in a quickly changing environment. We believe that Sub SB 105 helps address these issues and the statutory changes proposed in this bill will lead to improvements in how ADAMH Boards are able to serve their communities and meet the needs of Ohioans impacted by mental illness and substance use disorders.

As opposed to spending more time going over the specifics of each section, I can say that we are very supportive of the changes included in this bill related to the contracting authority for ADAMH Boards, including the change in the 120 day notice provision; the language to support increased opportunities to share data, where appropriate, clearing up the ambiguity related to handling client complaints with non-contracted agencies and out of county residents, to improve programs and ensure essential services and supports are available to persons seeking or receiving services; and the efforts to ensure that recovery housing in our communities offer high quality supports to individuals in need.

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Should you have any questions, I would be happy to answer them at the end of the panel.